1 WEEK Activity Calendar	/ NAME:
--------------------------	---------

Please fill out the following calendar (no arrows or "marks). Please list all scheduled activities that you typically have in each day by using ONE or TWO WORD REMINDERS (SEE EXAMPLE ON BACK).

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7							
AM							
8							
9							
9							
10							
11							
12							
PM							
1							
2							
3							
4							
5							
6							
7							
8							
9							

Your Calendar Assignment must be turned in (or faxed / emailed) to the Drug Court Coordinator's Office by
no later than 4pm on Thursday, // /.
Edmund Smith, FDTC Coordinator / Phone: (425) 388-7887 / FAX: (425) 388-7882 / Email: Edmund.Smith@snoco.org

EXAMPLE

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7 AM	CALL FOR UA	CALL FOR UA	CALL FOR UA	CALL FOR UA	CALL FOR UA	CALL FOR UA	CALL FOR UA
8							
9		IOP @ ERC	TAKE UA TEST	IOP @ ERC	IOP @ ERC	TAKE UA TEST	
10	TAKE UA TEST	IOP @ ERC		IOP @ ERC	IOP @ ERC	TREATMENT COUNSELOR 1-1	NA MTG
11		IOP @ ERC		IOP @ ERC	IOP @ ERC		NA MTG
12 PM	VISIT WITH KIDS		VISIT WITH KIDS			SBSM GROUP	TAKE UA TEST
1	VISIT WITH KIDS	TAKE UA TEST	VISIT WITH KIDS	TAKE UA TEST	TAKE UA TEST		
2	VISIT WITH KIDS		VISIT WITH KIDS				VISIT WITH KIDS
3	VISIT WITH KIDS	MENTAL HEALTH COUNSELOR 1-1	VISIT WITH KIDS		SOCIAL WORKER 1-1	FAMILY DRUG CT	VISIT WITH KIDS
4	VISIT WITH KIDS		VISIT WITH KIDS			FAMILY DRUG CT	VISIT WITH KIDS
5				NA MTG	PARENTING CLASS	FAMILY DRUG CT	
6	NA MTG	YMCA	YMCA	NA MTG	PARENTING CLASS	LIFE DURING CPS	YMCA
7	NA MTG				PARENTING CLASS	LIFE DURING CPS	
8					PARENTING CLASS	LIFE DURING CPS	
9							